

Water Resources Program APPLICATION FOR CHANGE PROGRESS SHEET

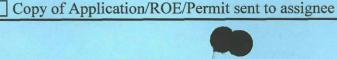
WR ID #: 5043714

Application No. CS4-30053(A) Cal

WRIA/COUNTY: 31 Benton

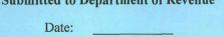
	BENT-11-18
Applicant(s):	Contact(s) /Agent:
Mercer Canyons Inc Attn: Robert Mercer	BENT-11-18 Contact(s) /Agent:
46 Sonova Road	12-01
Prosser WA 99350-9312 509.894.4773	
PURPOSE OF APPLICATION: Seasonal Change POU 03-01-2012 to 11-30-2012	
Original Water Right Holder: Mercer Ranches Inc: S4-30053(A)P	
ASSIGNED (SEE BACK OF PAGE)	
Date Application received: <u>December 16, 2011</u>	Initial fee rec'd: Yes X No
Additional fee: \$ Date requested:	Date rec'd:
PUBLICATION:	EDave
Prepared by: Date:	Notice sent: ded Notice: period expires:
Date Affidavit rec'd: Checked by:	ded Notice:
WDFW: State DOH:	TRIBES:
PROTESTS: Date: By (name):	
Date: By (name):	
Change ROE written by: Huttonfock Date ROE mailed: 4.19.2012	
Trust Water Donation: Extensions:	
DEVELOPMENT SCHEDULE	
Beginning of Construction (BC): Due date:	
Date sent:	Date rec'd:
Extensions:	
Completion of Construction (CC): Due date:	
Date sent:	
Extensions:	
Project Completion (PA): Due date:	
Date sent:	Date rec'd:
Extensions:	
X Superseding Permit No. S4-30053(A)P Issued:	
Superseding Certificate No Is Certificate of Change (on Claims) Vol. 1-4, Page	
Certificate of Change (on Claims) vol. 1-4, Tage issued.	
Date Certificate fees requested: Date received:	
REMARKS:	

ORIGINAL APPLICANT: Mercer Canyons Inc (Robert Mercer) **ASSIGNMENT INFO:** SUBJECT TO REAL ESTATE EXCISE TAX Assignment received: Assignment approved: Submitted to Department of Revenue Assigned To: Date: Address: Phone: _ Initial: Copy of Application/ROE/Permit sent to assignee Assignment received: Assignment approved: Submitted to Department of Revenue Assigned To: Date: Address: Phone: Initial: Copy of Application/ROE/Permit sent to assignee Assignment received: _____ Assignment approved: ____ Submitted to Department of Revenue Assigned To: Date: Address: Phone: Initial: Copy of Application/ROE/Permit sent to assignee Assignment approved: Assignment received: Submitted to Department of Revenue Assigned To: Date: Address: Phone: Initial: Copy of Application/ROE/Permit sent to assignee Assignment received: Assignment approved: Submitted to Department of Revenue Assigned To: Date: Address: Phone: Initial: Copy of Application/ROE/Permit sent to assignee Assignment received: Assignment approved: Submitted to Department of Revenue Assigned To: Date: Address: Initial: Phone: Copy of Application/ROE/Permit sent to assignee Assignment received: ____ Assignment approved: ___ Submitted to Department of Revenue Assigned To:



Address:

Phone:



Initial: